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INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00985

1006

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNTY ST. MARYS	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN LEONARDTOWN				TOWN GREAT MILLS			
HOSPITAL OR INSTITUTION OR STREET ADDRESS ST. MARYS HOSPITAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
JOYCE ANN BATES				JAN. 13 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	SINGLE	APRIL 19, 1955	Yrs. 8	Months 8	Days 25	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
NONE		-----		MARYLAND		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
JAMES R. BATES				GERTRUDE LAWSON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
NO		-----		JAMES R. BATES - GREAT MILLS, MARYLAND			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
490X IMMEDIATE CAUSE (A) Bilateral pneumonia				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1.10.1956 to 1.13.1956, that I last saw the deceased alive on 1.13.56, and that death occurred at 11.00 A.M. from the causes and on the date stated above.							
SIGNATURE [Signature]				DATE SIGNED LEONARDTOWN, MD			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
TRANSPORTATION		1/14/56		NORTON, VIRGINIA			
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 1-14-56		[Signature]		[Signature]		- LEONARDTOWN, MD.	

100

BUREAU V. 3

JAN 17 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 155 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1007

CERTIFICATE OF DEATH

00986

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		STATE MARYLAND		COUNTY ST. MARYS			
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
TOWN RIDGE				TOWN RIDGE			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
RURAL				RURAL			
3. NAME OF DECEASED (Type or Print)		(First) GEORGE		(Middle) *		(Last) BISCOE	
4. DATE OF DEATH		(Month) 1/		(Day) 28		(Year) 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
MALE	COLORED	MARRIED	AUG. 1, 1877	78 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
FARMING		FARM TENANT		MARYLAND		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
BENJAMIN BISCOE				MARY BARNES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
NO				CALVIN BISCOE * RIDGE, MARYLAND			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
1420.1 IMMEDIATE CAUSE (A) Coronary Arteriosclerosis						5 years	
ANTECEDENT CAUSE(S) DUE TO (B) General Arteriosclerosis						10 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 26, 1956 , to Jan 28, 1956 , that I last saw the deceased alive on Jan 26, 1956 , and that death occurred at 11:30 PM , from the causes and on the date stated above.							
SIGNATURE P. B. Biscoe		M. D. Paul M. Biscoe		ADDRESS (Street, city, town, state) RIDGE, MARYLAND		DATE SIGNED 1/30/56 (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 2/1/56		NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		LOCATION (City, town, or county) RIDGE, MARYLAND	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE P. B. Biscoe		25. FUNERAL DIRECTOR'S SIGNATURE P. B. Biscoe		ADDRESS LEONARDTOWN, MD.	
DATE 1/30/56							

CERTIFICATE OF DEATH

1956

Reg. Div. 1956

1. DECEASED'S NAME (Last, first, middle initial)

2. SEX (Male or Female)

3. AGE (Years, months, days)

4. DATE OF BIRTH (Month, day, year)

5. PLACE OF BIRTH (City, State, Country)

6. OCCUPATION (If any)

7. CAUSE OF DEATH (Immediate)

8. CAUSE OF DEATH (Underlying)

9. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Unknown)

10. SIGNATURE OF PHYSICIAN (If any)

11. SIGNATURE OF CORONER (If any)

12. SIGNATURE OF REGISTRAR (If any)

13. SIGNATURE OF WITNESS (If any)

14. SIGNATURE OF DECEASED (If any)

15. SIGNATURE OF NEAREST RELATIVE (If any)

16. SIGNATURE OF CLERGYMAN (If any)

17. SIGNATURE OF OTHER (If any)

18. SIGNATURE OF OTHER (If any)

19. SIGNATURE OF OTHER (If any)

20. SIGNATURE OF OTHER (If any)

21. SIGNATURE OF OTHER (If any)

22. SIGNATURE OF OTHER (If any)

23. SIGNATURE OF OTHER (If any)

24. SIGNATURE OF OTHER (If any)

25. SIGNATURE OF OTHER (If any)

26. SIGNATURE OF OTHER (If any)

27. SIGNATURE OF OTHER (If any)

28. SIGNATURE OF OTHER (If any)

29. SIGNATURE OF OTHER (If any)

30. SIGNATURE OF OTHER (If any)

31. SIGNATURE OF OTHER (If any)

32. SIGNATURE OF OTHER (If any)

33. SIGNATURE OF OTHER (If any)

34. SIGNATURE OF OTHER (If any)

BUREAU V. S.

FEB 1 1956

RECEIVED

20070228

1. DECEASED'S NAME (Last, first, middle initial)
2. SEX (Male or Female)
3. AGE (Years, months, days)
4. DATE OF BIRTH (Month, day, year)
5. PLACE OF BIRTH (City, State, Country)
6. OCCUPATION (If any)
7. CAUSE OF DEATH (Immediate)
8. CAUSE OF DEATH (Underlying)
9. MANNER OF DEATH (Natural, Accidental, Homicide, Suicide, Unknown)
10. SIGNATURE OF PHYSICIAN (If any)
11. SIGNATURE OF CORONER (If any)
12. SIGNATURE OF REGISTRAR (If any)
13. SIGNATURE OF WITNESS (If any)
14. SIGNATURE OF DECEASED (If any)
15. SIGNATURE OF NEAREST RELATIVE (If any)
16. SIGNATURE OF CLERGYMAN (If any)
17. SIGNATURE OF OTHER (If any)
18. SIGNATURE OF OTHER (If any)
19. SIGNATURE OF OTHER (If any)
20. SIGNATURE OF OTHER (If any)
21. SIGNATURE OF OTHER (If any)
22. SIGNATURE OF OTHER (If any)
23. SIGNATURE OF OTHER (If any)
24. SIGNATURE OF OTHER (If any)
25. SIGNATURE OF OTHER (If any)
26. SIGNATURE OF OTHER (If any)
27. SIGNATURE OF OTHER (If any)
28. SIGNATURE OF OTHER (If any)
29. SIGNATURE OF OTHER (If any)
30. SIGNATURE OF OTHER (If any)
31. SIGNATURE OF OTHER (If any)
32. SIGNATURE OF OTHER (If any)
33. SIGNATURE OF OTHER (If any)
34. SIGNATURE OF OTHER (If any)

1

INSTRUCTIONS

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00987

1008

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Leonardtown</u>		<u>2 days</u>		TOWN <u>Lexington Park</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St. Mary's Hospital</u>				STREET ADDRESS (If rural give location) <u>21 Tanner Avenue</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Nello Lucille Boggs</u>				<u>Jan. 6, 1956</u>			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<u>Female</u>		<u>White</u>		<u>Married</u>		<u>Jan. 16, 1915</u>	
						9. AGE last birthday yrs. <u>40</u>	
						IF UNDER 1 YEAR Months Days Hours Min.	
						IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	
13. FATHER'S NAME <u>Archie V. Bullard</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>237-01-1608</u>		17. INFORMANT & ADDRESS <u>Hayden L. Boggs 21 Tanner Ave. Lexington Park, Md.</u>	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
592X IMMEDIATE CAUSE (A) <u>Chronic interstitial nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 5, 1956, to Jan 6, 1956, that I last saw the deceased alive on Jan 6, 1956, and that death occurred at 11:00 A.M. from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				DATE SIGNED <u>1/7/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>				24. REC'D BY REGISTRAR <u>[Signature]</u>			
DATE THEREOF <u>1/9/56</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos C. Mattingley</u>			
NAME OF CEMETERY OR CREMATORY <u>Carolina Memorial</u>				ADDRESS <u>Leonardtown, Md.</u>			
LOCATION (City, town, or county) <u>Kannapolis, North Carolina</u>							

CERTIFICATE OF DEATH

1908

REG. DIST. NO.

AT WHAT RESIDENCE DECEASED OR DECEASED

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT CLERK

NAME OF DEPUTY REGISTRAR

NAME OF DEPUTY CLERK

NAME OF DEPUTY ASSISTANT CLERK

NAME OF DEPUTY DEPUTY REGISTRAR

NAME OF DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DEPUTY DEPUTY DEPUTY REGISTRAR

NAME OF DEPUTY DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT CLERK

NAME OF DEPUTY REGISTRAR

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NAME OF DEPUTY DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

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NAME OF DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT CLERK

NAME OF DEPUTY REGISTRAR

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NAME OF DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DIAGNOSIS

DATE OF BURIAL

PLACE OF BURIAL

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF REGISTRAR

NAME OF CLERK

NAME OF ASSISTANT CLERK

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NAME OF DEPUTY DEPUTY DEPUTY CLERK

NAME OF DEPUTY DEPUTY DEPUTY ASSISTANT CLERK

BUREAU V. S.

JAN 10 1908

RECEIVED

U.S. DEPARTMENT OF HEALTH

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00988

1009

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Bushwood		3 yrs		OR TOWN Bushwood		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) Joseph (Middle) Sherman (Last) Carter				Jan. 7, 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	Colored	Married	July 7, 1875	80 yrs.	Months 6	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Carter				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Adora Carter Bushwood, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) Pneumonia hypostatic						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) ASHD							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 5, 19 55 , to Jan 7, 19 56 , that I last saw the deceased alive on Jan 7, 19 56 , and that death occurred at 8 P.M. from the causes and on the date stated above.							
SIGNATURE <i>Leonard W. Benke</i> M.D.				DATE SIGNED <i>Medicineville, Md.</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/11/56		NAME OF CEMETERY OR CREMATORY Sacred Heart		LOCATION (City, town, or county) (State) Bushwood, Maryland	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Jos. C. Mattingley Leonardtown, Md.			
DATE 1-11-56		<i>Charles H. Hanes</i>		<i>Davis</i>			

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00989

1010

CERTIFICATE OF DEATH

Reg. Dist. No. 281

INSTRUCTIONS

TO ATTENDING PHYSICIAN The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		STATE MARYLAND		COUNTY ST. MARYS			
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN SCOTLAND		LENGTH OF STAY (In this place) 16 months		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN ST. INIGOES			
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (First) (Middle) (Last) BONHAM S CLARKE				4. DATE OF DEATH (Month) (Day) (Year) 1 - 31 - 19 56			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH MAY 19, 1871		9. AGE last birthday 84 yrs.		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM		11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME HENRY C. CLARKE				14. MOTHER'S MAIDEN NAME JULIA F. YOUNG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO. -----		17. INFORMANT & ADDRESS THOMAS B. CLARKE- ST. INIGOES, MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <i>Coronary sclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>	
ANTECEDENT CAUSE(S) DUE TO (B) <i>General arterio sclerosis</i>						<i>10 yrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15 19 54, to Jan 31, 19 56, that I last saw the deceased alive on Jan 30, 19 56, and that death occurred at 2 P.M. from the causes and on the date stated above.							
SIGNATURE <i>P. B. Robinson</i>				DATE SIGNED <i>2/1/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				DATE THEREOF 2 - 4 - 56		NAME OF CEMETERY OR CREMATORY ST. MICHAELS CEMETERY	
24. REC'D BY REGISTRAR DATE <i>Feb 1/56</i>				REGISTRAR'S SIGNATURE <i>P. B. Robinson</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>P. B. ROBINSON</i>	
				LOCATION (City, town, or county) RIDGE, MD.		ADDRESS * LEONARDTOWN, MD.	

CERTIFICATE OF DEATH

101

REG. CHL. NO.

1. NAME AND ADDRESS OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. CAUSE OF DEATH

7. DATE OF DEATH

8. TIME OF DEATH

9. PLACE OF BURIAL

10. SIGNATURE OF DECEASED

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF CLERK

14. SIGNATURE OF JUDGE

15. SIGNATURE OF SHERIFF

16. SIGNATURE OF CONSTABLE

17. SIGNATURE OF JURY

18. SIGNATURE OF JUDGE

19. SIGNATURE OF CLERK

20. SIGNATURE OF JURY

21. SIGNATURE OF SHERIFF

22. SIGNATURE OF CONSTABLE

23. SIGNATURE OF JURY

24. SIGNATURE OF JUDGE

25. SIGNATURE OF CLERK

26. SIGNATURE OF JURY

27. SIGNATURE OF SHERIFF

28. SIGNATURE OF CONSTABLE

29. SIGNATURE OF JURY

30. SIGNATURE OF JUDGE

31. SIGNATURE OF CLERK

32. SIGNATURE OF JURY

33. SIGNATURE OF SHERIFF

34. SIGNATURE OF CONSTABLE

35. SIGNATURE OF JURY

36. SIGNATURE OF JUDGE

37. SIGNATURE OF CLERK

38. SIGNATURE OF JURY

39. SIGNATURE OF SHERIFF

40. SIGNATURE OF CONSTABLE

41. SIGNATURE OF JURY

42. SIGNATURE OF JUDGE

43. SIGNATURE OF CLERK

44. SIGNATURE OF JURY

45. SIGNATURE OF SHERIFF

46. SIGNATURE OF CONSTABLE

47. SIGNATURE OF JURY

48. SIGNATURE OF JUDGE

49. SIGNATURE OF CLERK

50. SIGNATURE OF JURY

BUREAU V. S.

FEB 6 1956

RECEIVED

1. NAME AND ADDRESS OF DECEASED
2. PLACE OF DEATH
3. SEX
4. AGE
5. OCCUPATION
6. CAUSE OF DEATH
7. DATE OF DEATH
8. TIME OF DEATH
9. PLACE OF BURIAL
10. SIGNATURE OF DECEASED
11. SIGNATURE OF WITNESSES
12. SIGNATURE OF PHYSICIAN
13. SIGNATURE OF CLERK
14. SIGNATURE OF JUDGE
15. SIGNATURE OF SHERIFF
16. SIGNATURE OF CONSTABLE
17. SIGNATURE OF JURY
18. SIGNATURE OF JUDGE
19. SIGNATURE OF CLERK
20. SIGNATURE OF JURY
21. SIGNATURE OF SHERIFF
22. SIGNATURE OF CONSTABLE
23. SIGNATURE OF JURY
24. SIGNATURE OF JUDGE
25. SIGNATURE OF CLERK
26. SIGNATURE OF JURY
27. SIGNATURE OF SHERIFF
28. SIGNATURE OF CONSTABLE
29. SIGNATURE OF JURY
30. SIGNATURE OF JUDGE
31. SIGNATURE OF CLERK
32. SIGNATURE OF JURY
33. SIGNATURE OF SHERIFF
34. SIGNATURE OF CONSTABLE
35. SIGNATURE OF JURY
36. SIGNATURE OF JUDGE
37. SIGNATURE OF CLERK
38. SIGNATURE OF JURY
39. SIGNATURE OF SHERIFF
40. SIGNATURE OF CONSTABLE
41. SIGNATURE OF JURY
42. SIGNATURE OF JUDGE
43. SIGNATURE OF CLERK
44. SIGNATURE OF JURY
45. SIGNATURE OF SHERIFF
46. SIGNATURE OF CONSTABLE
47. SIGNATURE OF JURY
48. SIGNATURE OF JUDGE
49. SIGNATURE OF CLERK
50. SIGNATURE OF JURY

1011

00990

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 282

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>St Mary's</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>St Mary's</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Bridge</i>	LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give nearest town) TOWN <i>Bridge</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		4. DATE OF DEATH	
<i>F/c</i> (First) (Middle) (Last) <i>Corbin</i>		<i>Jan 2</i> (Month) (Day) (Year) <i>1956</i>	
5. SEX: <i>F</i>	6. COLOR OR RACE: <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH: <i>Jan 1, 1956</i>
9. AGE last birthday: <i>1</i> yrs. <i>1</i> Months <i>1</i> Days <i>1</i> Hours <i>1</i> Min.		10. BIRTHPLACE (State or foreign country): <i>Maryland</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>None</i>	
11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME: <i>Charles A Hewitt</i>		14. MOTHER'S MAIDEN NAME: <i>John Corbin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i> (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <i>None</i>	
17. INFORMANT & ADDRESS: <i>Charles A Hewitt</i>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		<i>1 day</i>
Immediate cause (a) <i>Prematurity</i>		
Antecedent cause(s) (b) <i>None</i>		
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>None</i>		
19a. DATE OF OPERATION: <i>None</i>	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <i>None</i>	21b. PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY <i>None</i>	21c. (City or town) (County) (State) <i>None</i>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>None</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>None</i>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .		
SIGNATURE <i>John C. Maitland</i>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <i>1/2/56</i>
M. D. <i>John C. Maitland</i>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>		LOCATION (City, town, or county) (State) <i>Bridge Md</i>
DATE REC'D BY LOCAL REG. <i>1/4/56</i>	REGISTRAR'S SIGNATURE <i>John C. Maitland</i>	24. FUNERAL DIRECTOR ADDRESS <i>John C. Maitland</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 6 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1012

00991

Reg. Dist. No. 282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St Mary's		MARYLAND		STATE Maryland COUNTY St Mary's			
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Park Hall		LENGTH OF STAY (in this place) Life		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Park Hall			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print) Daniel Christopher Courtney				4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1956			
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: May 13, 1955	9. AGE last birthday: IF UNDER 1 YEAR yrs. 8 Months 14 Days		IF UNDER 24 HRS. Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Ernest C. Courtney				14. MOTHER'S MAIDEN NAME: Sadie Butler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: Ernest C. Courtney Park Hall, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>816X Immediate cause (a) Fractured Skull DUE TO</p> <p>Antecedent cause(s) (b) Home Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)</p> </div> <div style="width: 15%; text-align: center;"> <p>Fractured Skull</p> <p>Home</p> </div> </div>							<p>Interval Between Onset and Death</p> <p>2 days</p>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Park Hall St. Mary's Md		21c. (City or town) (County) (State)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 27 56 P.M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? car hit parked truck			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE [Signature]		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.		DATE SIGNED 12-8-56			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 1/29/56		NAME OF CEMETERY OR CREMATORY St. Anne		LOCATION (City, town or county) (State) St. Mary's Maryland	
DATE REC'D BY LOCAL REG. 1-30-56		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR Charles J. Mattingly		ADDRESS Leonardtwn, Md.	

BUREAU V. S.

JAN 31 1900

RECEIVED

1013

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u>		STATE <u>Maryland</u>		COUNTY <u>St. Mary's</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>RFD, Hollywood</u>		<u>5 years</u>		TOWN <u>RFD, Hollywood</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Margaret</u> (Middle) <u>(n)</u> (Last) <u>FARGO</u>				(Month) <u>January</u> (Day) <u>20</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>F</u>	<u>White</u>	<u>Widowed</u>	<u>August 15, 1875</u>	<u>80</u> yrs.	Months <u>5</u>	Days <u>5</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Home</u>		<u>England</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Unknown</u>				<u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Mrs. Abel Owens, Hollywood, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
422.1 IMMEDIATE CAUSE (A) <u>Arteriosclerotic cardiac vascular</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO <u>diarrhea</u>						<u>5 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M. <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Jan 19 1956</u> to <u>Jan 20 1956</u> , that I last saw the deceased alive on <u>Jan 19 1956</u> , and that death occurred at <u>7:00 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>J. Roy Guyther</u>				DATE SIGNED <u>1/22/56</u>			
M.D. <u>Mechamsville Md</u>							
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>24 Jan 1956</u>		<u>St. Pauls M. E.</u>		<u>Leonardtwn, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1-23-56</u>		<u>Dean R. Hauser</u>		<u>Charles J. Mattingly</u>		<u>Md.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00993

1014

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST MARYS		MARYLAND		STATE MARYLAND		COUNTY ST MARYS	
CITY (If outside corporate limits, write RURAL and give nearest town) LEXINGTON PARK		LENGTH OF STAY (in this place) 3 months		CITY (If outside corporate limits, write RURAL and give nearest town) LEXINGTON PARK			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 W RENNELL				STREET ADDRESS (If rural give location) 118 W RENNELL			
3. NAME OF DECEASED (Type or Print) JAMES HENRY GOODHART				4. DATE OF DEATH (Month) (Day) (Year) JAN. 11 19 55			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH OCT. 17, 1894	9. AGE last birthday 61 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY BUILDING SUPPLY		11. BIRTHPLACE (State or foreign country) WASHINGTON, D.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME BRISCOE GOODHART				14. MOTHER'S MAIDEN NAME IDA MASON			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) YES WW 1		16. SOCIAL SECURITY NO. 579-24-6284		17. INFORMANT & ADDRESS MAY JOYCE GOODHART* 118 W Rennell Lexington Park, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
42a.1 IMMEDIATE CAUSE (A) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
ANTECEDENT CAUSE(S) DUE TO (B) Generalized Arteriosclerosis						10 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 27, 1955, to Jan. 11, 1956, that I last saw the deceased alive on Jan. 11, 1956, and that death occurred at 12:25 P.M. from the causes and on the date stated above.							
SIGNATURE <i>John H. Patmick</i>		M.D. <i>Lexington Park, Md.</i>		ADDRESS (Street, city, town, state) <i>1-14-56</i>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 1/16/56		NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL		LOCATION (City, town, or county) (State) ARLINGTON, VIRGINIA	
24. REC'D BY REGISTRAR DATE <i>1-16-56</i>		REGISTRAR'S SIGNATURE <i>Gladys L. House</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>AB Robinson</i>		ADDRESS - LEONARDTOWN, MD	

JAN 17 1956

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1015

00934

Reg. Dist. 281

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St. Marys		MARYLAND		STATE Maryland		COUNTY St. Marys	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dameron		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) TOWN Dameron			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural				STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED: (First) Wanda		(Middle) Patrica		(Last) Gunn		4. DATE OF DEATH (Month) 1 / (Day) 30 (Year) 1956	
5. SEX: female	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: July 17, 1955		9. AGE last birthday: yrs. 6 Months 12 Days 12 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none		10b. KIND OF BUSINESS OR INDUSTRY: none		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Issac Chisley				14. MOTHER'S MAIDEN NAME: Cora Dorsey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: -----		17. INFORMANT & ADDRESS: Cora Dorsey - Dameron, Md.			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH 2 weeks
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
492 x Immediate cause (a) Pneumonia DUE TO Antecedent cause(s) (b) Cough Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none							
19a. DATE OF OPERATION: none				19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/> none		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) none		21c. (City or town) (County) none		21d. (State) none	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> none		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE [Signature]				CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED 1/30/56 DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 1/31/56		NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		LOCATION (City, town, or county) (State) Ridge, Md.	
DATE REC'D BY LOCAL REG. Jan 31/56		REGISTRAR'S SIGNATURE [Signature]		24. FUNERAL DIRECTOR [Signature]		ADDRESS Leonardtown, Md.	

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RECEIVED

FEB 1 1956

BUREAU V. S.

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00995

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 281

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY St Mary's		MARYLAND		STATE Maryland COUNTY St. Mary's			
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Tall Timbers		LENGTH OF STAY (in this place) 10 yrs.		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Piney Point			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print)		(First)		(Middle)		(Last)	
		Joseph		Andrew		Jackson Jr.	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		January		1		1956	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	White	Single	Oct. 10, 1935	20 yrs.	2 Months	21 Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
		U.S. ARMY				U.S.A.	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Joseph Andrew Jackson				Bertie J. Dickerson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
YES				Joseph A. Jackson Piney Point, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause		(a) Fractured skull				immediate	
Antecedent cause(s)		(b)					
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		(c)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
0							
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OF CONTRIBUTING CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY		21c. (City or town), (County)		(State)	
		Highway near Tall Timbers		St Marys		Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
Jan 1, 1956 3A.M.				Auto collision			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		CHIEF MEDICAL EXAMINER		DEPUTY MEDICAL EXAMINER		DATE SIGNED	
		P. J. Scanlon		M. D.		Jan 2/56	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/4/56		St. George's		Valley Lee, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
Jan 2/56		P. J. Scanlon		Jos. C. Mattingley		Leonardtwn, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 4 1956

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INSTRUCTIONS

1 **1** **1**

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1017

CERTIFICATE OF DEATH

00996

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		STATE Maryland		COUNTY St Mary's			
CITY (If outside corporate limits, write RURAL and give nearest town) Leonardtwn		LENGTH OF STAY (In this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) Leonardtwn			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100				STREET ADDRESS (If rural give location) 1			
3. NAME OF DECEASED (First) (Middle) (Last) IGNATIUS JACKSON JARBOE				4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 19 56			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 29, 1874	9. AGE last birthday 81 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinetmaker		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) NO		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs Catherine Jarboe Leonardtown,			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) Lymphatic Leucemia				INTERVAL BETWEEN ONSET AND DEATH 1 year			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. none		21e. INJURY OCCURRED White <input checked="" type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> Not at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from Oct 19 54 8:30P to Jan 29 56 19 56 , that I last saw the deceased alive on Jan 29 56 , and that death occurred at 8:30P M. from the causes and on the date stated above.							
SIGNATURE John D. Houser		M.D. John D. Houser		ADDRESS (Street, city, town, state) Leonardtwn, Md.		DATE SIGNED 1/31/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 2/1/56		NAME OF CEMETERY OR CREMATORY St Aloysius		LOCATION (City, town, or county) (State) Leonardtwn, Maryland	
24. REC'D BY REGISTRAR DATE 1/31/56		REGISTRAR'S SIGNATURE Charles J. Mattingly		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Mattingly			

CERTIFICATE OF DEATH

Reg. No. 100-100

IN COUNTY OF BALTIMORE, STATE OF MARYLAND

On the 29th day of March, 1956

at the residence of

John Doe

John Doe

Male

White

Age 45 years

Occupation: Laborer

1911

1912

1913

1914

1915

1916

1917

1918

1919

DR. MEDICAL CERTIFICATION

DR. MEDICAL CERTIFICATION

DR. MEDICAL CERTIFICATION

DR. MEDICAL CERTIFICATION

DR. MEDICAL CERTIFICATION

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BUREAU V. S.

FEB 3 1956

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NOTICE

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CERTIFICATE OF DEATH

Reg. Dist. No. 2d 2

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be completed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY St. Mary's	MARYLAND	STATE Florida	COUNTY Pinellas
CITY (If outside corporate limits, write RURAL and give nearest town) Rural Hollywood	LENGTH OF STAY (in this place) 4 months	CITY (If outside corporate limits, write RURAL and give nearest town) St Petersburg	48 X - 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50		STREET ADDRESS 2231 Lakeview Ave. South	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)
Mary		Martina	Lloyd
4. DATE OF DEATH		(Month)	(Day)
Jan. 1, 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	Widowed	August 15, 1884
9. AGE last birthday		IF UNDER 1 YEAR	IF UNDER 24 HRS.
71		Months 4 Days 17	Hours 17 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
Housewife		Home	Preston England
12. CITIZEN OF WHAT COUNTRY?		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Green		Mary McHale	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)			
17. INFORMANT & ADDRESS		Llewellyn F. Lloyd Hollywood, Md.	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
260X IMMEDIATE CAUSE (A)		1 mo	
ANTECEDENT CAUSE(S) DUE TO		2 mo	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE		10 year	
STATING UNDERLYING CAUSE LAST. DUE TO		10 year	
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR?	
M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from June 1, 1955 to Jan 1, 1956 that I last saw the deceased alive on Jan 1, 1956 and that death occurred at 10:45 P.M. from the causes and on the date stated above.			
SIGNATURE Jos. H. Patrich		DATE SIGNED 1-3-56	
ADDRESS (Street, city, town, state) Lexington Park Md.			
M.D. Lexington Park Md.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24. REC'D BY REGISTRAR	
Burial		1/6/56	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Memorial Park		St Petersburg Florida	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
Jos. C. Mattingley		Leonardtwn, Md.	

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00998

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Leonardtwn		Life		TOWN Leonardtwn		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
				Fenwick			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) Joseph (Middle) Clement (Last) Mattingley				(Month) Jan. (Day) 18, (Year) 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Single	June 23, 1890	65 yrs.	Months 6	Days 26	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Funeral Director		Funeral		Maryland		U.S.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
William Clement Mattingley				Mary M. Hayden			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
Yes (If Yes, give war or dates of service) WWI		216-07-0599		Charles J. Mattingly Leonardtown, Maryland			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) 420.1				INTERVAL BETWEEN DEATH 10 min			
ANTECEDENT CAUSE(S) DUE TO Coronary Thrombosis							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) 							
DUE TO (C) 							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 			
22. I hereby certify that I attended the deceased from Jan 18, 1956 , to Jan 18, 1956 , that I last saw the deceased alive on Jan 18, 1956 , and that death occurred at 9:30A M, from the causes and on the date stated above.							
SIGNATURE W. D. Boyd		M. D. Leonardtwn		ADDRESS (Street, city, town, state)		DATE SIGNED 1/19/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		1/21/56		St Aloysius		Leonardtwn, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 1-23-56		Charles J. Mattingly		Charles J. Mattingly		Leonardtwn, Md.	

CERTIFICATE OF DEATH

Form No. 10-1

A. DEATH OF NATURAL CAUSE

B. DEATH OF UNNATURAL CAUSE

1. NAME OF DECEASED

2. SEX

3. AGE

4. PLACE OF BIRTH

5. DATE OF BIRTH

6. PLACE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. MANNER OF DEATH

10. NAME OF PHYSICIAN

11. NAME OF SURGEON

12. NAME OF PATHOLOGIST

13. NAME OF CORONER

14. NAME OF WITNESS

15. NAME OF WITNESS

16. NAME OF WITNESS

17. NAME OF WITNESS

18. NAME OF WITNESS

19. NAME OF DECEASED

20. NAME OF DECEASED

21. NAME OF DECEASED

22. NAME OF DECEASED

23. NAME OF DECEASED

24. NAME OF DECEASED

25. NAME OF DECEASED

BUREAU V. S.

1956

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CERTIFICATE OF DEATH

Reg. Dist. No. 282

1920

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>ST. MARYS</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>ST. MARYS</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>LEONARDTOWN</u>		<u>None</u>		TOWN <u>LEONARDTOWN</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>ST. MARYS HOSPITAL</u>				<u>RURAL</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>BERNARD M. NORRIS, SR.</u>				<u>1 - 19 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>NOV. 22, 1865</u>	<u>90</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>FARMING</u>		<u>FARM OWNER</u>		<u>MARYLAND</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>ROBERT NORRIS</u>				<u>VICTORIA RUSSELL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>NO</u>		<u>-----</u>		<u>BERTMAN NORRIS - LEONARDTOWN, MD.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.0 IMMEDIATE CAUSE (A) <u>Heart Failure</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO <u>Virus Pneumonia</u>						<u>1 month</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Gen. Arteriosclerosis + arteriosclerotic Heart disease</u>						<u>Several years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 28, 1944</u> , to <u>Jan. 19, 1956</u> , that I last saw the deceased alive on <u>Jan. 18, 1956</u> , and that death occurred at <u>3:40 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Robert T. Fuchs</u>				ADDRESS (Street, city, town, state) <u>Leonardtown, Md.</u>		DATE SIGNED <u>1/20/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>1/23/56</u>		<u>ST. ALOYSIUS CEMETERY</u>		<u>LEONARDTOWN, MD.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>1-20-56</u>		<u>Paul D. House</u>		<u>John D. Robinson</u>		<u>LEONARDTOWN, MARYLAND.</u>	

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN:** The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

RECEIVED

JAN 23 1956

BUREAU V. S.

STATE OF MARYLAND
BUREAU OF HEALTH
CERTIFICATE OF DEATH

1. NAME OF DECEASED: [illegible]
2. SEX: [illegible]
3. AGE: [illegible]
4. DATE OF BIRTH: [illegible]
5. PLACE OF BIRTH: [illegible]
6. OCCUPATION: [illegible]
7. CAUSE OF DEATH: [illegible]
8. PLACE OF DEATH: [illegible]
9. DATE OF DEATH: [illegible]
10. SIGNATURE OF DECEASED: [illegible]
11. SIGNATURE OF WITNESS: [illegible]
12. SIGNATURE OF PHYSICIAN: [illegible]
13. SIGNATURE OF CORONER: [illegible]
14. SIGNATURE OF JURY: [illegible]
15. SIGNATURE OF JUDGE: [illegible]
16. SIGNATURE OF CLERK: [illegible]
17. SIGNATURE OF REGISTRAR: [illegible]
18. SIGNATURE OF [illegible]: [illegible]
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100. SIGNATURE OF [illegible]: [illegible]

REPORTING PHYSICIAN OF
MAY 1956

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1021

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St. Mary's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>St. Mary's</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
TOWN <u>Clements</u>		<u>4 month</u>		TOWN <u>Clements</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>James</u> (Middle) <u>Edward</u> (Last) <u>Quade</u>				(Month) <u>Jan.</u> (Day) <u>2,</u> (Year) <u>19 56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>August 30, 1955</u>	Yrs. <u>4</u>	Months <u>2</u>	Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>RICHARD EDWARD QUADE</u>				<u>RACHEL ANN PILKERTON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>Richard E. Quade Clements, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
0534 IMMEDIATE CAUSE (A) <u>Acute generalized suppurative infection</u>						<u>2 days.</u>	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> el work <input type="checkbox"/> Not while el work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>30 Aug. 55</u> to <u>1 Jan. 56</u> , that I last saw the deceased alive on <u>30 Dec. 55</u> and that death occurred at <u>8:00</u> M. from the causes and on the date stated above.							
SIGNATURE <u>Joseph E. Gill</u>		M.D.		ADDRESS (Street, city, town, state) <u>Leonardtown, Md.</u>		DATE SIGNED <u>12/1/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1/2/56</u>		<u>Sacred Heart</u>		<u>Bushwood, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>1-4-56</u>		<u>Wm. D. Houser/Kramer</u>		<u>Jos. C. Mattingley</u>		<u>Leonardtown, Md.</u>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

11000

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

CERTIFICATE OF DEATH

Form No. 10-3

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. DATE OF DEATH

6. PLACE OF BIRTH

7. OCCUPATION

8. CAUSE OF DEATH

9. DATE OF DEATH

10. PLACE OF DEATH

11. SEX

12. AGE

13. DATE OF DEATH

14. PLACE OF DEATH

15. SEX

16. PLACE OF BIRTH

17. OCCUPATION

18. CAUSE OF DEATH

19. DATE OF DEATH

20. PLACE OF DEATH

21. SEX

BUREAU V. S.

JAN 6 1956

RECEIVED

22. DATE OF DEATH

23. PLACE OF DEATH

24. SEX

INSTRUCTIONS

1. This certificate is to be filled out by the physician or other qualified person who has attended the deceased or who has been informed of the cause of death. It should be filled out as soon as possible after death and should be returned to the health department of the jurisdiction in which the death occurred. It is the duty of every citizen to report a death to the health department.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01001

Reg. Dist. No. 282

1022

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN Leonardtwn		11 days		TOWN Leonardtwn			
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) Erva Ruth Reck				4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 19 56			
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow		8. DATE OF BIRTH September 25, 79 76	
9. AGE last birthday 76 yrs.		10. IF UNDER 1 YEAR Months 3 Days 22		11. IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher				10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME Thomas F. Foxwell				14. MOTHER'S MAIDEN NAME Rachel Sanner			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Stephen Foxwell Leonardtown, Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
174X IMMEDIATE CAUSE (A) Heart Failure						INTERVAL BETWEEN ONSET AND DEATH 1-2 weeks	
ANTECEDENT CAUSE(S) DUE TO (B) Uremia						3-4 weeks	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Carcinomatosis (Ca of uterus)						2-3 months	
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION February 1955				19b. MAJOR FINDINGS OF OPERATION Low intestinal obstruction due to Carcinoma uteri			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 7, 19 54, to Jan. 16, 19 56, that I last saw the deceased alive on Jan. 16, 19 56, and that death occurred at 1:25 P.M. from the causes and on the date stated above.							
SIGNATURE Robert F. Fuchs				ADDRESS (Street, city, town, state) Leonardtwn, Md		DATE SIGNED 1/17/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/18/56		NAME OF CEMETERY OR CREMATORY ST PAUL'S M.E.		LOCATION (City, town, or county) Leonardtwn, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE Gladys D. Houser		25. FUNERAL DIRECTOR'S SIGNATURE Jos. C. Mattingley		ADDRESS Leonardtwn, Md.	
DATE 1-17-56							

CERTIFICATE OF DEATH

Reg. Form No. 1

1. DECEASED PERSON'S NAME AND SURNAME

James E. Edwards

2. SEX

3. AGE

4. OCCUPATION

5. PLACE OF BIRTH

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. PLACE OF DEATH

10. SIGNATURE OF DECEASED

11. SIGNATURE OF WITNESSES

12. SIGNATURE OF PHYSICIAN

13. SIGNATURE OF CLERK

14. SIGNATURE OF REGISTRAR

BUREAU V. 2

JAN 18 1956

RECEIVED

1023
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01002
Reg. Dist.

No. 282

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY <u>St Mary's</u>		MARYLAND	STATE <u>Maryland</u> COUNTY <u>St Mary's</u>		
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Rural Loveville</u>		LENGTH OF STAY (in this place) <u>Life</u>	CITY (If outside corporate limits write RURAL and give nearest town) <u>Rural Loveville</u>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED: (Type or Print) <u>Mary Rebecca Russell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1956</u>		
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Oct. 8, 1875</u>		9. AGE last birthday: <u>80</u> yrs. <u>3</u> Months <u>18</u> Days <u>18</u> Hours <u>18</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Home</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>	
13. FATHER'S NAME: <u>George Graves</u>			14. MOTHER'S MAIDEN NAME: <u>Alice Booth</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Marie Morgan Loveville, Md.</u>	

18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:					
<u>450.0</u> Immediate cause (a) <u>Coronary Heart Failure</u> DUE TO Antecedent cause(s) (b) <u>Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>none</u>					
19a. DATE OF OPERATION: <u>none</u>		19b. MAJOR FINDING OF OPERATION: <u>none</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <u>none</u>		21b. PLACE (Home, farm, factory, OF street office bldg., etc., INJURY <u>none</u>		21c. (City or town) (County) (State) <u>none</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>none</u>		21e. INJURY OCCURRED While at Not while work <input type="checkbox"/> work <input type="checkbox"/> <u>none</u>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/>, Accident <input type="checkbox"/>, Suicide <input type="checkbox"/>, Homicide <input type="checkbox"/>, Undetermined cause <input type="checkbox"/>.					
SIGNATURE <u>[Signature]</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>1/26/56</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>			
23. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		DATE THEREOF <u>1/30/56</u>		NAME OF CEMETERY OR CREMATORY <u>St Joseph's</u>	
				LOCATION (City, town, or county) (State) <u>Morganza, Maryland</u>	
DATE REC'D BY LOCAL REG. <u>1/27/56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24. FUNERAL DIRECTOR ADDRESS <u>Charles J. Mattingly Leonardtown, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JAN 30 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01003

1024

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>St Mary's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>St Mary's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Mechanicsville</u>		<u>Life</u>		TOWN <u>Mechanicsville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Elsie</u> (Middle) <u>Jane</u> (Last) <u>Shorter</u>				(Month) <u>Jan.</u> (Day) <u>21</u> (Year) <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>Black</u>	<u>Widowed</u>	<u>Oct. 12, 1872</u>	<u>83</u> yrs.	Months <u>3</u>	Days <u>9</u>	Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>		<u>Home</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Schley Brown</u>				<u>Henrietta Reed</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>		<u>None</u>		<u>Mrs Adele Holly Mechanicsville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) <u>Arteriosclerotic cardiovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C) <u>Pulmonary tuberculosis</u>							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<u>0</u>				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1956</u> , to <u>Jan 21, 1956</u> , that I last saw the deceased alive on <u>Jan 21, 1956</u> , and that death occurred at <u>5:00</u> P.M. from the causes and on the date stated above.							
SIGNATURE <u>Ray Guyton</u>				ADDRESS (Street, city, town, state) <u>Mechanicsville Md.</u>			
M.D.				DATE SIGNED <u>1/22/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>Burial</u>		<u>1/26/56</u>		<u>Ebeneza</u>		<u>New Market, Maryland</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
DATE <u>1-24-56</u>		<u>Gerald L. Sawyer</u>		<u>Charles J. Mattingly</u>			
		<u>Davis</u>		<u>Leonardtwn, Md.</u>			

01408

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

CERTIFICATE OF DEATH

Form 100-10-10

CAUSE OF DEATH (ICD-9 CODE)

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

DECEASED'S NAME

SEX

RACE

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BUREAU V. 2

JAN 25 1956

RECEIVED

Charles A. ...

INSTRUCTIONS

INSTRUCTIONS

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TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be completed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01004

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1025

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY ST. MARYS		MARYLAND		STATE MARYLAND		COUNTY ST. MARYS	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN MECHANICSVILLE				TOWN MECHANICSVILLE			
HOSPITAL OR INSTITUTION OR STREET ADDRESS RURAL				STREET ADDRESS (If rural give location) RURAL			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) MARY (Middle) LOUISE (Last) SMITH				(Month) JAN. (Day) 31 (Year) 19 56			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	COLORED	SINGLE	MARCH 30, 1913	42 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSE MATD		DOMESTIC		MARYLAND		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
STEPHEN SMITH				MARY L. BRISCOE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
NO				MARY E. SMITH - MECHANICSVILLE, MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 31 , 19 56 , to Jan 31 , 19 56 , that I last saw the deceased alive on Jan 31 , 19 56 , and that death occurred at 1:30 M, from the causes and on the date stated above.							
SIGNATURE J Roy Lynd		M.D. Mechanicville, Md		ADDRESS (Street, city, town, state)		DATE SIGNED 1/31/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		2 / 3 / 56		ST. JOSEPH CEMETERY		MORGANZA, MARYLAND	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 2/3/56		Alan D. Hauser		H.B. Robinson		LEONARDTOWN, MD.	

Lavis

01003

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 18

CERTIFICATE OF DEATH

REG. DIST. NO.

AT WHAT RESIDENCE OR PLACE OF DEATH

NAME OF DECEASED

MARYLAND

COUNTY OF

MARYLAND

DECEASED

DATE OF DEATH

SEX

AGE

DATE

DECEASED

DECEASED

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1 INSTRUCTIONS TO ATTENDING PHYSICIAN OF HOSPITAL: The law requires that the death certificate be filed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

1 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1026

CERTIFICATE OF DEATH

01005

Reg. Dist. No. 282

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>St. Mary's</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>St. Mary's</u>
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Leonardtwn</u>	<u>7 day's</u>	TOWN <u>Piney Point</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>St Mary's Hospital</u>		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>Lynwood Edward Sterling</u>		<u>Jan. 21, 1956</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Aug. 28, 1908</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Navy</u>	9. AGE last birthday <u>47</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Lynwood J. Sterling</u>		14. MOTHER'S MAIDEN NAME <u>Ruth E. Camalier</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>577 - 26 - 9965</u>	
17. INFORMANT & ADDRESS <u>Genevieve F. Sterling Piney Point,</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
252.0 IMMEDIATE CAUSE (A) <u>Coronary Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Thyroid toxicosis</u>		<u>5 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 23, 1955</u> , to <u>Jan. 21, 1956</u> , that I last saw the deceased alive on <u>Jan. 21, 1956</u> , and that death occurred at <u>10 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>W. D. Boyd</u>		ADDRESS (Street, city, town, state) <u>Leonardtwn, Maryland</u>	
DATE <u>1/23/56</u>		DATE SIGNED <u>1/23/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>1/25/56</u>	
NAME OF CEMETERY OR CREMATORY <u>St Aloysius</u>		LOCATION (City, town, or county) (State) <u>Leonardtwn, Maryland</u>	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>Glass A. House</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Mattingly</u>	
DATE <u>1/24/56</u>		ADDRESS <u>Leonardtwn, Md.</u>	

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INSTRUCTIONS
TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1027

CERTIFICATE OF DEATH

01006

Reg. Dist. No. 382

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY St Mary's		MARYLAND		STATE Maryland		COUNTY St Mary's	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville		LENGTH OF STAY (In this place) 4 days		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mechanicsville			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) Joseph (First) Yorkshire (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1956			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Dec. 31, 1955	9. AGE last birthday yrs. 4	IF UNDER 1 YEAR Months 4 Days 4		IF UNDER 24 HRS. Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James T. Yorkshire				14. MOTHER'S MAIDEN NAME Mary A. Medley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS James T. Yorkshire Mechanicsville			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
773.0 IMMEDIATE CAUSE (A) Congenital dysfunction, intestinal and pulmonary				INTERVAL BETWEEN ONSET AND DEATH 3 days.			
ANTECEDENT CAUSE(S) DUE TO (B) and pulmonary							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 3:00		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 31 Dec, 1955 , to 3 Jan, 1956 , that I last saw the deceased alive on 30 Jan, 1956 , and that death occurred at 8:15 A.M. from the causes and on the date stated above. SIGNATURE Joseph E. Gill M.D. ADDRESS (Street, city, town, State) Mechanicsville Md DATE SIGNED 1/4/56							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/4/56		NAME OF CEMETERY OR CREMATORY St Joseph's		LOCATION (City, town, or county) (State) Morganza, Maryland	
24. REC'D BY REGISTRAR DATE 1-4-56		REGISTRAR'S SIGNATURE Alfred Hausert		25. FUNERAL DIRECTOR'S SIGNATURE Jos. C. Mattingley		ADDRESS Leonardtwn, Md.	

2000324406

Davis

CERTIFICATE OF DEATH

1937

State of Mass.

County of Suffolk

City of Boston

Ward of South Boston

John J. Sullivan

John J. Sullivan

John J. Sullivan

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